

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

74

63-050655

STATE FILE NUMBER

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY WRIGHT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MTN. GROVE

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MTN. GROVE REST HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY OREGON

c. CITY OR TOWN ALTON

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

WILLIAM

LOUIS

McMAHAN

4. DATE OF DEATH

Month

Day

Year

12

28

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/7/1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months 5 Days 11

IF UNDER 24 HR

Hours 11 Min. 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MINISTER

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

MISSISSIPPI

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Wm. L. McMAHAN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

LENA McMAHAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

LENA McMAHAN

Address

ALTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Failure

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Hemorrhage

3 hours

DUE TO (c)

Arteriosclerosis

undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 3:55 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/26/63 to 12/28/63 and last saw him alive on 12/28/63
Death occurred at 3:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Richard B. Mitchell

22b. ADDRESS

20 Mountain View, Mo

22c. DATE SIGNED

12/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12/30/1963

23c. NAME OF CEMETERY OR CREMATORY

BARDLEY CEMETARY

23d. LOCATION (City, town, or county)

OREGON COUNTY, MO.

24. FUNERAL DIRECTOR

John & Clay Carter

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-31-63

26. REGISTRAR'S SIGNATURE

Bruce L. Silberman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 1141
2 0750
3 2
4 0
5 1
6
7 1
8 0
9 331X
10
11
12 86-2
13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John D. Cherry

Licensed Embalmer No. 4475

P. O. Address Box 305, Alton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.